THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LVIII. THURSDAY, MAY 20, 1858. No. 16.

FURTHER ILLUSTRATIONS OF TYPHUS FEVER.

THE RESULT OF OBSERVATIONS MADE AT THE LONDON FEVER HOSPITAL IN THE SUMMER OF 1853.

BY J. B. UPHAM, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

SOME ten years ago were published in this JOURNAL the results of my observations and experience in maculated typhus or ship fever, during its prevalence as an epidemic at the South Boston and Deer Island Hospitals. These records were at first given in the form of "*Clinical Notes and Post-mortem Illustrations*," much condensed and without comment.

Subsequently they were enlarged and extended, and, as opportunity permitted, multiplied, till they embraced examples of the fever in all its different degrees of intensity, and with the varying phases, complications and sequelæ manifested in the epidemic in question—accompanied by such views of its nature, pathology and treatment, as had been gained by study and experience at the bedside and in the dead-house. In such form these isolated papers were brought together and re-published, for their better preservation and more convenient reference; since, imperfect and incomplete as they were, they chanced to embody the only written history of the epidemic, drawn from an actual inspection of it throughout nearly the whole period of its visitation upon our shores in the years 1847–48.

In the summer of 1853, I had the privilege of further prosecuting my researches in this direction in Dublin, and during a few weeks of daily attendance in the wards of the London Fever Hospital. At this latter institution, in particular, by the kindness of Dr. Sankey,* the then resident medical officer of the Hospital, my opportunities for the examination of disease, upon the living and

* Dr. W. H. O. Sankey, now Medical Superintendent of the County Insane Asylum, Hanwell, Middlesex.

dead, were of the most ample and liberal nature.* My main object in these investigations abroad, was to compare the disease, as found in its *indigenous haunts*, with its manifestations and habits here *as an exotic*. I therefore entered the hospital, for a brief period, as a student of fever, carefully noting what I *saw* of the disease, in as many cases as it was possible to follow up, and learning incidentally, by the best means in my power, the previous history, condition and circumstances of each patient.

The mass of materials thus collected have remained untouched till now. But the recent and somewhat sudden appearance of the fever in the wards of the Massachusetts General Hospital, hints that some local interest may again, perhaps, attach to this subject.

It is not my purpose now to give a memoir of the fever, nor to say much upon the question of treatment; and to analyze and classify the facts collected would require more space than I feel justified to occupy here. I intend only to *portray* the disease as I found it; and as it may at all times be found in the wards and dead-house of a fever hospital in Great Britain. The subjoined cases may be regarded as *models* of the affection, in its various forms of severity. They were treated by the physicians of the Hospital, Drs. Tweedie and Smith.

In noting these cases, I have here, as elsewhere, endeavored to follow the maxim of Sydenham, so aptly quoted by Jenner, to "note them accurately, in all their minuteness;—in imitation of the industry of those painters who represent, in their portraits, the smallest moles and the faintest spots." I make no apology, then, for what might be called, perhaps, their tedious minuteness and particularity.

Case I.—*General Abstract of the Case.* A boy, aged 15 years, being in ill-conditioned quarters, in immediate proximity to a case of the fever, experienced sudden debility, headache, anorexia—rigors—confusion of intellect—sleeplessness—rash on the sixth day—suffused eyes—tongue coated with yellowish fur, inclining to brown—chest resonant—respiration 32 to 40—bowels mostly regular, some fulness and tenderness—surface hot, dry, pungent—pulse 90 to 124—disappearance of spots on fourteenth day, followed by convalescence, retarded by slight complications; recovery.

James Mannard, a well-made, robust lad, of sanguine temperament, 15 years of age, was admitted to the London Fever Hospital on the first day of June, 1853, in charge of Dr. Southwood Smith.

* It was here that Dr. Wm. Jenner had, a short time previously, carried on and perfected his elaborate investigations of fever, from which resulted his well-known classification, into four distinct and separate diseases, of the affection so long confounded under the term continued fever by some of the most eminent authorities of Great Britain. I had been led to the same conclusions, so far as relates to the non-identity of typhus and typhoid, by the evidence forced upon my senses in the epidemic of 1847–48, when the two diseases not infrequently lay side by side in the wards of the same hospital, and whose phenomena were noted, *pari passu*, at the bedside and in the dead-house. This truth the facts and arguments of Jenner would now seem to have put forever beyond a question.

Previous History and Circumstances.—This patient is by trade a shoemaker, and has worked with his father. Prior to this attack, he is said to have been in the enjoyment of uniform good health. He was brought into the Hospital from a house in Litchfield St., and is one of a family of six persons occupying two rooms. There are eight families in the same house, limited most of them to a single room each. One other individual is down with the fever. There is bad drainage, and want of light and sufficient ventilation.

Present Attack.—On Friday, the 27th of May, he was seized, it is stated, with violent pains in the head, back, joints and bones, accompanied by alternations of heat and cold with shiverings. There was, from the outset, much exhaustion, anorexia, thirst, sensitiveness of surface, with perversion of intellect and tendency to delirium. He slept but little. His bowels had been once moved by some aperient medicine. On Tuesday, the 31st, spots were first observed on the arms and legs, "like a faint measly rash." A light diet and simple drinks only had been allowed, previous to his admission to the wards.

He first came under my observation on the third day of June, when the following notes were taken.

General appearance indicates a moderately severe accession of the disease; much pain in the head; face flushed and fuliginous; eyes suffused, pupils dilated; tongue mostly covered with a thick coat of yellowish-white fur, the edges being clean and red; chest resonant on percussion; respiration 36, easy and regular; some little cough; slight mucous râle anteriorly and superiorly; abdomen natural, no pain on pressure; stools natural; pulse 120, full and compressible; much heat of general surface; skin dry, dusky in hue. The eruption is abundant over the whole body, and of a deep red color, partly disappears under pressure, most evident on the upper extremities, where it simulates, in its disposition and clustered crescentic form, the rash of measles. A strong, peculiar pungent odor is perceptible from the surface of the body. Patient appears considerably prostrated; lies mostly only on his back; is confused in mind; answers questions with difficulty; has no appetite; thirst urgent. He has got, since his entrance, the mild "fever mixture" of the Hospital, consisting of liq. ammon. acet., ʒ ij.; mist. camph., aq. distill., āā ʒ ss. Also, has had four ounces of sherry wine; beef-tea p. r. n.; and, for drink, milk and water as often as desired.

June 4th.—Rested pretty well, but talked and moaned in his sleep; still some pain in head; eyes suffused; face less flushed; tongue as yesterday; intelligence better; respiration 36, natural; resonance of chest good; some cough; slight bronchial mucous râle; bowels sensitive to pressure; two stools, natural; urine high colored; pulse 120, weak, compressible, regular; general surface of skin hot and dry; spots more persistent; the mottled crescentic

appearance noted yesterday on the upper extremities disappearing; no appetite; urgent thirst. To continue the mild fever mixture, with wine and beef-tea p. r. n.

5th.—Passed a rather uncomfortable night; moans in sleep; decubitus on back; face flushed; eyes suffused; pupils natural; tongue has creamy coat, extending quite to its edges and tip; no sordes on teeth or lips; respiration 36, rather laborious; some cough, no expectoration; belly natural; three stools, light; urine free; pulse 124, regular; surface hot and dry, with much sensitiveness, emits a peculiar ammoniacal odor; spots equally diffused, fading, and mostly disappear on pressure.

6th.—Slept well, but moans a little at night; general powers better, more cheerful; face less flushed; eyes less suffused; tongue covered with creamy coat, drier than yesterday; no sordes on teeth, a very little on lips; respiration 40, accompanied with some sighing; coughs a little, no expectoration; resonance good; abdomen natural, a little sensitive to pressure; three stools, rather light, loose, thin; urine rather high colored; some sensitiveness of surface on chest and abdomen; spots fading, some are persistent, others disappear entirely under the finger; pulse 116, regular, full, of good volume, though compressible; no appetite; much thirst. Beef-tea, with a little bread; in other respects diet and treatment as heretofore.

7th.—Has passed a restless night; slept but little, talked and raved at intervals; complains of pain in head; eyes more suffused; tongue almost entirely clean; coughs but little, is of no consequence; abdomen pretty natural to the feel, though sensitive to pressure; two stools in bed; urine in bed; pulse 120, regular, quite compressible; skin sensitive, more hot and dry; spots scarcely noticeable; general appearance of weakness; some nervous agitation. Treatment the same.

8th.—Slept better; appears brighter; eyes clearer; cheeks still flushed, but face more natural; tongue has a uniform covering of thin light fur, extending over the whole organ; pulse 108, soft, compressible; spots wholly vanished, with the exception of a few about the epigastrium and on the abdomen, which fade, but do not altogether disappear, on pressure; some tympanitis; peculiar odor still perceptible, but fainter; urine less high colored, some still passed in bed; thirst remains rather urgent.

9th.—Slept well, very little of the moaning during the night; is this morning lying on his side for the first time, and is able to turn from side to side alone; has just waked from a quiet sleep—says he "feels hot in his head," and "has a heavy pain," which he refers to the top and back of the head; eyes still a little injected; tongue perfectly clean; respiration 32, easy, a little interrupted; resonance of chest good; slight cough, but is not troublesome; bowels once opened, stool moderate; still some tympanitis; urine

plenty and free, some passed in bed; pulse 102, stronger, has a little hardness under the finger; skin is moist and natural; less thirst; appetite returning; is taking the mild fever mixture, with wine and beef tea, milk and water and a little bread.

10th.—Slept soundly and well; face bright and natural; eyes clearer; tongue clean, excepting a very light fur thinly spread over its surface; respiration natural; belly a little tender; two stools, natural; water amber colored and deposits a slight sediment; skin is cool and moist; pulse 92, of good volume, natural.

The fever in this patient was now at an end, and his convalescence seemed fully established. His recovery, however, was retarded by some slight cerebral and nervous disturbance, and a mild intestinal complication, manifested by tenderness and tympanitis. On the 11th, the pulse rose to 104, and he complained of the old pain in the top and back of his head; the belly was a little more blown and tender to the touch, and his appetite diminished. On the 12th, the pulse was 96; there was less tympanitis and less headache, but still some general nervous disturbance.

My last notes in this case were taken on the 13th of June, when all these symptoms were abated—his pulse 90, appetite good, and no pain remaining. He was discharged from the Hospital a few days afterward, well.

This was a fair specimen of a moderate case of the fever in England, uncomplicated (with the very slight exceptions noted above), occurring in a good constitution, running its course evenly, with no marked symptoms, but inclining to adynamia, tending to convalescence and recovery by the unaided efforts of Nature, but evidently benefited and sustained by the judicious use of stimulants, a light and generous diet and good nursing. It offers no peculiarities and needs no comment.

In my next I shall give examples of a severer form of the disease.

FALSE TEETH SWALLOWING.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—The Journal has lately had a number of cases of false teeth swallowing. Will you accept the following one, in which such teeth were not swallowed exactly, but produced trouble both to the patient and his physicians.

I was once called to visit a neighbor, a well-informed and ingenious mechanic, who had fallen from a height, and was thought to be seriously injured. Upon reaching the address, I found the late Mr. J. C., stretched out on the floor of his shop, in apparently an unconscious state, breathing very stertorously. He had, just before, fallen from a ladder of common height, and had not moved or spoken since. Examination discovered no hurt to head or limb.

There was some contusion about the chin and mouth. Surgery not being one of my specialties, and I not reaching a satisfactory diagnosis, sent for my friend, the late Dr. ——,* quite distinguished among our many very skilful surgeons. He looked Mr. —— very carefully over, as the phrase is in the Old Colony (at least I never heard it used any where else, and my travels at home and abroad have not been small), and could find no cause for the present state of things. The pulse indicated neither concussion nor compression. There was no vomiting. The temperature was good. So having made arrangements for applications to the head and feet, hoping to strike the morbid condition, or its cause, as it probably lay somewhere between these two extremes of the body lying senseless before us, and as remedies were necessarily confined to the surface, swallowing being impossible—having, in short, done what we could, we left, agreeing to meet at the same place in the afternoon.

We met as agreed upon, and to our surprise and joy found Mr. J. C. up, and as bright and joyous as I ever had seen him. "I am well again, you see," said he. "You could not find out my disease or its cause. I will tell you; my ladder fell, and I with it. I struck on my mouth and chin. I wear false teeth, and the blow knocked off a part of them, and forced them into my throat; there they stuck. I did not know anything when you came—being stunned—and could give no account of myself. I gradually came to, and at once found out what was the matter. I thrust my fingers into my throat and turned up and out my teeth, and soon breathed as well as ever." My good-natured neighbor laughed heartily at our trouble, and at our not finding out what was the matter.

There can be no doubt that Mr. — was in some danger, and none that if the teeth had been forced farther into the fauces he would have died of suffocation before assistance could reach him. His entire unconsciousness, together with the heavy stertor; his swollen, turgid and suffused countenance, looked like apoplexy, produced by the shock, or by some grave lesion of the skull or brain, or both.

Why have dentists and false teeth so rapidly increased of late? You may say that the first demand the last. But why the first? I am on the shady side of 70, and have lost but five of my old stock, and they have kindly taken their leave, "making no sign." And how have they been preserved? By daily care through many, many years. A stiff brush, wetted and rubbed on a cake of castile soap, and thorough brushing; then rinsing, or better, washing the mouth after every meal. Very few know how to wash the mouth. Unless the water is directed by the will, the muscles of that office being called into voluntary action, and the water be direct-

* Dr. Samuel Parkman.

ed to every part of the mouth, nay, to every tooth, and it can be done, your mouth is not washed, or your teeth cleaned. As I for the most part, year in and year out, take my meals at home—never entertaining, and of course being never entertained—I have abundant opportunity to wash and preserve my teeth. I never had but one tooth filled. This filling did no sort of good, and I do not think I shall have the operation repeated. False teeth can be kept clean. Without great care, however, the breath can never be sweet. For my single self, I would much rather swallow than wear them. You can always tell if they are worn, if the careless wearer be on your windward side. They tell us a Parisian knows the quality and source of all the odors of Paris. The false teeth always tell their story. It seems to me that some rule might be established touching these articles of mouth furniture. They might be used when wanted, as is the pocket handkerchief. For instance, when a man is about to make a speech, or a lady to go to a ball, or when either is about sitting down to dinner, or any other meal, at church for responses, or for singing, &c. &c. At all other times they should be out of the mouth, and in a case, or bag (a very small one will answer), and thus all the accidents of breath, of sleeping with the teeth in, or wearing them when at work, or boxing, or what not, may be prevented, and all the benefit of the false teeth be certainly reached. To show you how careful some of the class referred to are of these adventitious substitutes, I will close with a story.

Miss ——, aged about 47 (?), was under treatment, when it occurred to me that some acid remedy might be useful, and I prescribed one. Said Miss ——, "Will it not hurt my teeth?" I said no, if she would follow some simple directions which I gave her. "I ask," said Miss ——, "because I highly value my teeth, as they cost me quite a sum of money!" I assured her that she might be entirely easy on that score, and might use the acid draught as freely, so far as the teeth were concerned, as if it were mere water. W. C.

THE HYPOPHOSPHITES.

BY JAMES R. NICHOLS, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE importance of the element phosphorus in the human economy has not been fully appreciated until within quite a recent period. The amount present in the brain, as shown by investigations at the Cambridge laboratory, a few years since, is much larger than was supposed. Not only had the best chemists of Europe fallen into error in their estimations of the quantity of phosphorus, but also in that of sulphur, the element so closely allied to phosphorus in its uses and chemical affinities.

The vital importance of these agents in maintaining a normal condition of the system can be understood by a consideration of the probable fact, that in all the operations of the mind, in every effort requiring an expenditure of nervous force, they are called into action. In their rapid oxidation in the brain, on occasions of great intellectual effort, there may be a nearer approximation to literal truth in the remark, that there are "thoughts that *burn*," than is generally supposed.

Not only is chemical science capable of pointing out the exact chemical constitution of the body, and the changes and transformations which are constantly occurring, but it has proved competent to direct us respecting the proper methods by which certain elements or agents may be furnished when pathological symptoms indicate an insufficient supply.

The use of that class of salts known as hypophosphites offers the most direct and philosophical means of supplying phosphorus to the system. The small amount of oxygen in combination with this element in the hypophosphorous acid which unites with the alkaline carbonates, the bases of these salts, is favorable to easy decomposition in the economy. By the changes which result from further oxidation, nascent phosphorus and phosphates are liberated. The phosphorus thus set free is certainly in a condition most favorable to the fulfilment of its design and high office in the brain and nervous system. Whether the phosphates, as such, or by further change, are capable of exerting specific and desirable influence, must be regarded as a matter of some doubt, although they have been administered in the form of "syrups of the phosphates" for a considerable time, by distinguished physicians.

When the oxide of phosphorus is placed in contact with hot milk of lime, hypophosphite, phosphate and carbonate of lime, hydrogen and phosphuretted hydrogen result from the chemical changes which occur. The hypophosphite of lime is soluble, and remains in solution while the insoluble phosphate and carbonate are suspended, or fall to the bottom of the vessel as a precipitate. In the preparation of the hypophosphites, the usual method has been to boil the phosphorus of commerce in milk of lime until the formation of phosphuretted hydrogen ceases, then filtering the liquid, working the precipitate, and after concentrating the clear solution, allowing it to crystallize into a dry salt. Mr. Shaffer, of Louisville, proposes, in the last number of the *Journal of Pharmacy*, to first oxidize the phosphorus by a current of air thrown upon it, while fused under hot water, and then to place it in milk of lime, as in the former process, for the formation of the hypophosphite.

This process I have found tedious, and perhaps not less objectionable than the other. The product is not essentially larger. It may be much facilitated by employing a current of mingled air

and steam, in preparing the oxide of phosphorus, instead of the air current. The white vapors of phosphoric acid produced are very dense and abundant, and the process should be conducted under a strong draught. As an experiment, the passing of an air current upon melted phosphorus in water, is beautiful. The intensely vivid flame and streams of light, commingled with sparks, beneath the water, afford a pleasing spectacle, when the operation is conducted upon a large scale.

The alkaline hypophosphites of soda, potassa and ammonia are readily obtained by reaction with the lime salts. The iron salt may be obtained by precipitating a solution of hypophosphite of soda with one of sesqui-sulphate of iron.

As a source from which to supply phosphorus to the system, hypophosphorous acid must be regarded as of the highest importance. What phosphoric acid may have failed to do, in supplying the waste of phosphorus, it is almost certain that the acid containing the less amount of oxygen is capable of accomplishing. Uncombined with the alkalies, it should receive attention as a remedial agent.

It is undoubtedly the experience of medical gentlemen that most new chemical remedies fail to accomplish the expectations of the introducer, and therefore much hesitation may be expected in making trial of the hypophosphites, and the acid from which they result. Dr. Churchill, to whom we are indebted for calling attention to them, is confident that "they will occupy one of the most conspicuous places in the materia medica." "The effect of these salts," he says, "upon the tuberculous diathesis is immediate, the general symptoms of the disease disappearing with a rapidity which is really marvellous."

Although specifically prescribed for phthisis, by Dr. Churchill, it is evident their beneficial effects are not limited to this one variety of disease. They would seem to be most appropriate remedies in a large class of affections resulting from loss of nervous force, and perhaps in cases of mental aberration not resulting from family idiosyncracies; also in many of the diseases of infancy, where there is want of vital action, and where the osseous system is defective. A clear understanding of the chemical nature and characteristics of the remedies under discussion, will enable physicians to apply them in a large class of diseases where their use seems to be indicated.

The dose of these salts of lime, soda, potassa and ammonia, is about ten grains to adults, given two or three times in the twenty-four hours. They may be combined in the form of syrup, or with lactose (sugar of milk), or glycerine. All the salts are more or less deliquescent, and therefore it is important they should be placed under the protection of some agent capable of preserving them from change.

TREATMENT OF TRISMUS AND TETANUS.

BY DR. MOLNAR, OF NIMBURG, BOHEMIA.

[Translated for the Boston Medical and Surgical Journal, from the *Allgemeine Wiener Medizinische Zeitung*, of March 30th, by Dr. B. Joy Jeffries.]

The uncertainty of most of the recommended means of treating tetanus, fortunately a disease of rare occurrence, makes it the duty of every conscientious physician to remedy this deficiency in therapeutics by relating any single case in which the adopted plan of treatment was successful.

Ours was the case of a mason, Vincenz Holub, of Nimburg, a robust man, previously healthy, æt. 45. Sept. 22d, his left forefinger was so crushed by a stone of three hundred weight, that amputation with a flap was necessary, close above the head of the first phalanx. The wound was healing regularly, without pain, and had perfectly granulated "rose-red," when the patient began, on the 5th of October, to complain of painful tension and contraction of the muscles of mastication, and of difficulty of deglutition. In spite of the exhibition of opium and tartar emetic, in one grain doses, baths, followed by the desired diaphoresis, and of the greatest care, yet by the 9th of October the highest degree of tetanus was developed.

The patient had complete consciousness; pulse normal; pupils, in a moderately darkened room, strongly contracted; the teeth firmly set together, and not separable, either actively or passively. All the muscles of the neck and trunk, and the extensors of the extremities, were hard as a board. The stiffened body was thrown into various positions by painful electric-like shocks, both spontaneously and at the slightest touch. The patient was sleepless. The urine was drawn off by the catheter. Fluids (milk, soup and water) which were poured in, through an opening left by the extraction, several years previously, of two upper incisors, were mostly regurgitated, the remainder flowing down as through a pipe.

Opium, in the form of clysters, gave no relief, as also the other means generally recommended. Baths could not now be used; and without much hope of success, I resolved, on October 16th, to employ chloroform. After the first inhalation of two drachms, the patient was greatly relieved. His consciousness did not exhibit the slightest disturbance. The painful contractions and rigidity were lessened, and he slept for two hours.

On the day following, three drachms of chloroform were used; on the third day, four; and on the fourth day, six, without producing any narcotism. But I noticed that on the third day of treatment, the patient could separate his teeth three lines.

The chloroform was now suspended for one day, and then again inhaled for five days in doses of three drachms per diem. All appearances of tetanus and trismus gradually disappeared, so that the patient could have been considered well by the 8th of Novem-

ber. His strength speedily returned. In all, he had used about four ounces of chloroform.

In view of this case, I have no hesitation in enrolling myself with those physicians who consider chloroform in this disease as a "Unicum."

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

MARCH 8th.—*Croup; Tracheotomy; Death.* Dr. ELLIS reported the case.

On the morning of February 20th, an Irish child, fifteen months old, showed some symptoms of laryngeal trouble, but these were so slight that they hardly attracted attention until the following morning. The patient was first seen by Dr. Ellis at 2, P.M., Feb. 21st. The breathing was then stridulous, the respiration 40, the pulse 136, the face pale or sublivid, the eyes closed, and the head thrown back. On examination of the back, mucous râles were heard on both sides. The pharynx, on depressing the tongue, was at once filled with a purulent fluid, which rendered it impossible to determine whether false membrane existed there or not. The child was seen soon after by Dr. Cabot, who performed the operation of tracheotomy in the usual manner, at 3½, P.M., the patient at the time being under the influence of ether.

The difficulty of respiration was at once relieved, and the child slept for some time. The opening of the tube was kept covered with a piece of gauze moistened with water. At 10 o'clock, the face was flushed and there was considerable heat of the skin, but he continued pretty comfortable until 3, A.M. The dyspnœa then returned, and was quite urgent at the time of the visit at 9 o'clock. The face was pale, the respiration 68, and the pulse very rapid, but not counted on account of the struggles of the child. Judging from the sounds within the trachea that the tube was obstructed, Dr. Cabot introduced a small sponge upon the end of a whalebone, and removed two portions of false membrane from one to two inches in length. One of these was tubular, and indicated by its size that the secondary bronchi were certainly affected. The removal of this afforded some relief, but at noon the dyspnœa was as urgent as before. Considerable thick sanious fluid was from time to time expelled from the tube. Mucous râles were abundant in the back. From this time the dyspnœa increased until the child died, at 7½, P.M.

Dr. CABOT remarked that he supposed the disease in this case to have commenced below the larynx and extended upward; that suppuration probably took place between the membranous lining and the mucous coat, by which the former became detached, and being thrown off and lodged in the larynx, caused the first serious symptoms. No lymph was seen at the opening made in the trachea, pus alone appearing and filling it at once. Dr. C. further said, in reply to Dr. JACKSON, that he had seen two other cases, both fatal, in which he was confi-

dent the progress of the disease was from below upward. In one, which occurred in the practice of Dr. E. H. Clarke, no lymph was to be seen at any time upon the tonsils, while all the symptoms were unequivocally those of croup.

Dr. W. E. Townsend thought it remarkable that formation of the membrane commencing below, together with suppuration, as suggested by Dr. Cabot, should be accompanied with so little constitutional disturbance, in which opinion Dr. Cabot coincided.

With regard to the rapidity with which this disease sometimes progresses, Dr. Jackson alluded to a case that occurred, some time since, under the care of Dr. Perry, in which the first symptom was not noticed until within nineteen hours of death.

In answer to Dr. Gay, Dr. Ellis said that where the membrane is confined below the larynx, the breathing would not, in his opinion, partake of the croupy character.

At the subsequent meeting (March 22d), Dr. Lyman reported the following fatal case of croup, in which tracheotomy was performed.

At the request of Dr. Gould, who was confined by illness, Dr. L. was called, March 7th, to see A. H., aged 3 years 4 months, suffering with laryngitis. Found the patient moribund, surface livid, extremities cold, dyspnœa excessive, eyes open, fixed and dull. The parents were told at once that the child was dying. To their inquiry if nothing could be done, Dr. L. replied that, as a desperate remedy, the trachea might be opened, but that the chances of any good result were very trifling. Upon signifying a wish that it should be done, however slight the prospect of relief, a messenger was instantly despatched to Dr. Lewis's office, close at hand, to procure a tube, which Dr. Gay was kind enough to bring himself. Dr. Lyman immediately opened the trachea below the cricoid cartilage, and about 2 o'clock the tube was in its place. As an evidence of the desperate condition of the child, it may be observed that it was apparently insensible to the action of the knife. The immediate result was for some minutes doubtful, but stimulants to the nasal membrane and trachea, and clearance of the tube by suction, induced expiratory efforts and expulsion of several large pieces of membrane, the color returned, the eyes resumed their natural expression, the skin became moist, and, with an expressive smile to its father, the child became tranquillized.

During the absence of the messenger, Dr. L. found, by examination, an abundant supply of lymph upon the tonsils, and in the hope of exciting cough, applied a strong solution of nitrate of silver. No irritation of the larynx, however, resulted from it.

This patient had been ill one week—that is, since the previous Sunday. On Wednesday evening, hoarseness was first observed, which, with the cough, increased gradually, until 1 o'clock, half an hour before Dr. L. first saw him, at which time a sudden fit of violent and distressing dyspnœa supervened.

The child was left at 3¼ o'clock, the air penetrating easily and freely to the base of the lungs, with a little mucous crepitus on the left side. It swallowed water easily, and without exciting cough, the respiration being entirely through the canula, the fenestrum upon the convex surface of which was completely closed by the dense plug of lymph above. 6, P.M.—Had been dozing tranquilly, without distress. Had had one copious, dark-colored, offensive dejection; swallows water

easily; skin cool and dry; respiration loud and whistling through the tube; pulse 152; respiration 43; both accelerated by Dr. L.'s presence and examination, for before the termination of the visit he fell asleep, and the respiration became perfectly regular at 30, and pulse 132. Ordered Dover's powders, with calomel, and to have chlorate of potash for drink. Later in the evening and early Monday morning condition much the same. Had had two strangling fits, relieved by removing and cleansing inner canula. At 1½, P.M., he was found much oppressed for breath. On removing the inner canula, its calibre was discovered to be diminished one half by a hard glue-like coating of mucus covered with pus. A feather passed through the tube into the trachea, brought away a considerable amount of purulent mucus. A few drops of water poured into the canula brought on violent expulsive efforts, with discharge of shreds of membrane and purulent mucus, followed by great relief, he immediately falling into a tranquil sleep. 6, P.M.—Continued comfortable: had had a well-formed natural dejection: skin more natural; respiration easy, and less moist and gurgling. His father thinks the air passes through the larynx when he coughs, and his whole aspect is more encouraging than at any previous time.

An hour and a half later, Dr. L. was called in haste, and found him in much the same condition as when seen previous to the operation—*i. e.*, dying—heart still beating strongly, both lungs remarkably resonant, but the air evidently penetrating very feebly. Passed a bent probe and feather for an inch beyond the inner extremity of the canula, but the obstruction below resulted fatally, he quietly breathing his last at 8 o'clock, 30 hours after the operation.

Sectio Cadaveris, 14 hours after death. Lungs distended with air, no collapse occurring on raising the sternum. Larynx filled with a dense plug, and presenting the exact appearance, at its lower extremity, when divided, of a bit of boiled maccaroni, the central aperture allowing of the passage of a fine silver probe. From the seat of the operation to the bifurcation, the mucous membrane was actively congested, and covered with much purulent mucus and occasional patches of lymph, the larger part having doubtless been expectorated. At the bifurcation, the bronchi were almost completely closed by adherent lymph, extending into the tubes as far as could be conveniently traced with the scissors. Lungs healthy, excepting active congestion of a small portion of the summit of the left lobe. These appearances of the trachea and bronchi are still well shown in the specimen before us.

In view of this condition of the bronchial tubes, it is very remarkable that the child's respiration should have been so tranquil until one and a half hour before death, unless it be conceded that this exudation occurs with greater rapidity than has heretofore been thought probable. In this case the sudden access of dyspnœa just previous to the operation, and a similar occurrence just before death, in connection with the somewhat similar phenomena in the history of the above case reported by Dr. Ellis, would seem to favor the supposition of a very rapid accumulation of solid lymph in this fatal form of croup.

Dr. GAY alluded to a case that occurred in the practice of Dr. Wyman, of Cambridge, in which, during the intervals between the turns of distressed breathing, no serious symptoms were apparent. One of these paroxysms occurring while Dr. W. was present, he immediately open-

ed the trachea with a penknife, and inserted a quill; immediate relief followed, but the child died 24 hours after, suffocation having been produced by a small bit of membrane that was found closing the *rima glottidis* like a flap.

Dr. Lyman mentioned a case of recovery from this disease that was related to him, in which both tonsils were covered with lymph, and the aspect and prognosis were most unfavorable. A friend, called in consultation, declined to perform tracheotomy, so desperate did the case appear.

Dr. H. J. Bigelow alluded to a similar case. The symptoms were all severe, and had lasted four days, there being, at the time he saw the patient, hard breathing and discoloration of the face. It was decided not to open the trachea. Recovery subsequently took place.

Dr. Cotting questioned whether the essence of the disease does not consist in something beyond the formation of false membrane, and instanced a fatal case in which no membrane was discoverable.

Dr. Lyman had been of this opinion until the occurrence of the above case reported by him.

Dr. Jackson alluded to four cases of croup reported some years since by Dr. James Jackson, in the *New England Medical Journal* (1812), in which no false membrane was found, the appearances being those noticed in acute bronchitis. He mentioned, also, a fifth, which he had no question, from the symptoms, was a case of membranous croup, and yet no trace of a membrane was found.

Dr. Oliver reported two fatal cases of diphtherite following measles, in one of which tracheotomy was performed by Dr. Coale. Although great relief followed the operation, the patient died six hours after. The two patients, each about two years old, were in the same room, this fact being interesting as connected with the contagiousness of the disease. Vapor was also employed.

Dr. Clark mentioned a case following measles, from which the patient recovered in ten days; the treatment consisting of nitrate of silver, vapor, large doses of chlorate of potash, with brandy and water, and animal broths to sustain strength.

Dr. Coale had had, in all, seven cases of membranous croup, in two of which recovery had taken place; steam, with a liberal support of the strength by diet, being the means employed.

Dr. Putnam mentioned two cases, both of which recovered under the use of nitrate of silver.

Dr. Lyman related a case that he had recently had, in which the tonsils were covered with lymph, and the constitutional symptoms very severe. Cauterization was employed, and the patient kept in an atmosphere of steam day and night; calomel and opium were administered, and the patient recovered. Some doubt was expressed whether the lymph in this case extended into the larynx.

With regard to the treatment of croup, Dr. Storer was inclined to place great reliance upon the use of medicated vapor, its action being twofold, viz., to effect the detachment of the false membrane, and to arrest its farther formation by producing a change in the condition of the mucous membrane.

Dr. Bigelow remarked that it is not always easy to determine as to what exactly constitutes croup. Patients sometimes die without the existence of the membrane, and sometimes recover where it is present.

As to the treatment, two modes have now been suggested, one by the application of nitrate of silver, the other by steam. He had seen patients recover under both methods, and had known them to die where both had been tried. Patients also recover where neither has been adopted. He remarked that he did not understand the alleged operation of steam in membranous croup, since the steam inhaled could not reach the diseased surface, being prevented from contact by the interposed coating of lymph. With regard to the nitrate of silver, he considered it impossible that the whole diseased surface, including the bronchi, can be cauterized, and therefore the benefit, if any be derived from its use, must be ascribed to contra-stimulation, causing a diversion and limit of the inflammation.

[To be continued.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 20, 1858.

MORTALITY REPORT OF SAN FRANCISCO.

The Mortality Report of San Francisco, by Dr. A. F. Sawyer, which is printed in the *Alta California* for January 20th, is a document of great interest, not only to the inhabitants of that city, but also to numbers in other parts of our country, who are more or less concerned in their welfare. As might be expected from the situation of San Francisco, its climate, and especially the character and habits of its population, some of the facts exhibited by the Report are peculiar, and show in a marked degree how far the science of vital and mortuary statistics can be made subservient to the welfare of mankind. Many sources of disease, and causes of accident and death, which might be avoided or overcome, are pointed out in this paper, and the inhabitants and local authorities will be greatly to blame if they neglect so timely a warning.

Many circumstances have concurred to render this Report less complete than is desirable, especially the want of a proper ordinance requiring complete returns of births, deaths and marriages; the labor of registration being performed voluntarily by the sextons, who are obliged to supply themselves with the proper books at their own cost. Of course, under such a state of things, the accuracy of the returns is to some extent impaired; the errors, however, appear to be those of omission rather than of commission. It is to be hoped that the next State Legislature will establish and enforce by statute a thorough system of registry of births, deaths and marriages, in which the cause of death should be required to be certified to by a medical man.

It is not our intention to go into an analysis of Dr. Sawyer's able Report; we shall content ourselves with citing a few of the results which may prove interesting to our readers. The total number of *deaths* in San Francisco for the year ending June 1, 1857, was 1153, being 73 less than for the year previously. No allowance is made for the increase of population since the preceding year, which the writer estimates at 50,000. Deducting the number of still and premature

births from the total number of deaths, the rate of mortality was 1 to 47.57 of the inhabitants; while the rate for the preceding year was as 1 to 43.85 of the inhabitants, showing a decided improvement in the sanitary condition of the population. In comparing the ratio of mortality with that of other cities, Dr. Sawyer quotes a table recently prepared by Dr. Wynne, of New York, showing the relative rate in some of the larger cities, at home and abroad. None of these, except Lowell (which has a proportion of 1 in 50), appear so favorably as San Francisco in this respect. We do not know from what source Dr. Wynne derived the materials for his table, but he is certainly in error with regard to Boston, whose mortality he puts at 1 in 32, whereas the ratio in 1857 was as 1 in 42.95, and in 1856 as 1 in 39.

The season of greatest mortality in San Francisco is the autumn; that of the least, is the spring. The minimum of deaths is found in June, and the maximum in July. The preponderance of mortality results from fevers, inflammatory affections and diseases of the brain and thorax, which are more prevalent during the last half of the year than the first. The same is true of Sacramento. During the past year there has been a large proportionate increase in the deaths of females over males. This is attributed by Dr. Sawyer both to an enlarged immigration of females into the country, and to a preponderance of female births. The average age for each deceased individual amounts to 22.13 years—of males, 22.95, of females, 13.75.

Among the *causes* of death, we are struck with the large number of suicides, no less than 17 having occurred during the year, among a population one fourth as large as that of Boston. Intemperance, dissolute and extravagant habits, failure in business, and especially domestic misfortunes, are assigned as the reasons for this lamentable tendency to self-destruction. "We cannot but regret," says Dr. Sawyer, "the unlimited extension of a loose moral sentiment in our midst, not confined to either sex, which allows, and too often sustains a gross violation of the most sacred domestic relations in life." The proportion of violent deaths in San Francisco constitutes about 8½ per cent. of the entire mortality. This is an extraordinary amount, when compared with the corresponding class of deaths in New York and Boston, amounting in the former city to 4½ per cent., and in the latter to 4 per cent. of the total number of deaths. *Still births* constitute nearly nine per cent. of the mortality—a large increase over the preceding year. This is partly to be accounted for by the peculiar local features of San Francisco, but the main cause is evidently the same here as elsewhere, culpable indifference to the responsibilities arising from the parturient period, not only on the part of parents, but sometimes on the part of the medical adviser, affording countenance to thousands of charlatans, who gain a living by the infamous practice of procuring abortions.

Passing over diseases of the nervous system, which, as might be expected, are very numerous in California, we come to phthisis, the deaths from which amounted, the last year, to 18.73 per cent. of the entire mortality, being fully equal to the rates of a similar mortality in other large cities. It might easily be supposed that the great mortality from phthisis could be accounted for by the immigration of those who were already victims to the disease, or who had a predisposition to it; but Dr. Sawyer is of the opinion that in a large number of

cases the malady is acquired in California, and that its origin is to be ascribed to the continued operation of agencies such as spring from unnatural or harassing mental excitement, gross irregularities in life, and excess of manifold variety, with the physical suffering and hardship which are to some extent inseparable from active pursuits of life in California, and which act by insidiously depressing the healthy vital standard. He observes, however, that "patients who have visited the southern portion of California have experienced such decided relief, in many instances, as to lead us to hope that its climate will prove unequalled, in its restorative influences, for the consumptive. Further experience is, however, required to determine this point definitely." He regards San Francisco as an unfavorable habitat for those who are inclined to pulmonary disease.

Typhoid and *Typhus* fever in San Francisco differ from those diseases in the East in having well-marked remissions, depending, perhaps, on obscure malarious influences. Dr. Sawyer has never seen the characteristic lesions in Peyer's glands, usually observed, though others have found them. Owing, probably, to the increase in the comforts of life and to improvement in the habits of the people, the pernicious endemic fevers are less common and less fatal than formerly.

There are many other subjects of interest in this remarkable report, which we have no space to allude to. We think Dr. Sawyer cannot fail to have aroused the attention of the citizens and government of San Francisco to the importance of registration and sanitary reform.

MALIGNANT PUSTULE.

A series of articles has lately appeared in the *Gazette Médicale de Paris*, by MM. Salmon and Manoury, surgeons of the Hospital of Chatres, on the subject of the diagnosis of malignant pustule by inoculation. The subject having been lately under discussion in one of the medical societies of this city, some of the conclusions which these gentlemen have arrived at may not be uninteresting to our readers. The authors state that under the name of malignant pustule, or *charbon*, are confounded different diseases which do not resemble each other, either in appearance, in the accompanying local or general symptoms, or in severity, and that in order to determine the disease scientifically, recourse must be had to the inoculation of animals. Inoculability is one of the essential characteristics of the true malignant pustule, and consequently any similar disease which cannot be communicated in that way from man to animals ought not to be called by that name.

The characters of the inoculable malignant pustule, according to MM. Salmon and Manoury, are, its small dimensions, its umbilicated form, the black color and hardness of its centre, the irregularity of its external border, the vesicated condition of its areola, a sensation of itching rather than of pain felt by the patient, an elastic swelling of the subjacent cellular tissue, at first hardly appreciable, the extreme vascularity of the neighboring tissues, while the central part is bloodless and insensible, that rapid increase of the swelling, and lastly the symptoms of malignant poisoning, prostration, weakness and irregularity of the pulse, vomiting of bile, cold sweats and asphyxia.

The best treatment which has been hitherto tried, according to the authors, is cauterization, which is adopted by all surgeons in those

localities in which this disease is common. It may be practised with the red-hot iron, or with the potential cauteries, the most employed being potass and corrosive sublimate.

ARTIFICIAL GASTRIC FISTULA.

THE *Lancet*, for April 10th, contains a report of an extraordinary case, in which an opening was made into the stomach for the purpose of introducing food, the patient being in danger of starvation from occlusion of the œsophagus, by an epithelial cancer. The patient, a man aged 47 years, was in Guy's Hospital, under the care of Dr. Habershon, who strongly advised the operation. Various modes of relief had been attempted, consisting chiefly of nutrient enemata, without effect. After consultation, the stomach was opened by Mr. Cooper Foster, with very little suffering to the patient, and without the collapse which might have been expected. The edges of the mucous membrane of the stomach were stitched to the opening in the abdominal parietes, and small quantities of food were frequently introduced. The patient became much more comfortable ; his thirst and his hunger were satisfied, and he slept comfortably for several hours. After twenty hours he was evidently sinking, and stimulants were given very freely, but with only transient effect. He died forty-five hours after the operation. It was found, at the *post-mortem* inspection, that the centre of the anterior surface of the stomach had been opened. No peritonitis existed ; the serous membrane was everywhere perfectly smooth.

Considering the condition of the patient, the operation seems hardly justifiable in this case, but we can easily imagine that it might be of great utility in cases of stricture of the œsophagus from non-malignant disease, where the patient is in danger of dying from starvation.

Massachusetts Medical Society.—We understand that at the annual meeting next week, the Middlesex East District Medical Society will offer a paper on the Veratrum Viride as an arterial sedative. This communication is made up of contributions from the experience of different members. The paper will be accompanied by specimens of the living plant, and also by *four hundred two ounce bottles* of the tincture for gratuitous distribution among the Fellows, so that the statements presented may be subjected to test. We are informed that the tincture was entirely prepared by the Society.

Other papers relating to medical science will likewise be offered at the meeting. These statements, we hope, will induce our brethren from the country to visit Boston on that occasion.

The Councillors will meet at 12 Temple Place on Tuesday evening, May 25th, 1858. The Society will meet on Wednesday, 26th, at 10, A.M., at the Lowell Institute.

The Profession and Homœopathy in England.—A meeting of medical practitioners in the neighborhood of Reading, England, was held at the Royal Berkshire Hospital, in March last, at which among other resolutions passed, was the following:—"*Resolved*, That no qualified medical man practising homœopathy shall be met in consultation." The proceedings of the meeting, with the names of those present, were published in the medical journals.

To Correspondents.—We are under obligations to many gentlemen for valuable contributions to the JOURNAL; and indeed have never been better supplied with material for publication than during the last few weeks. Let us hope, however, that this statement will not have a tendency to lessen the amount of our literary income. Good papers are always welcome—there can never be a surfeit of such.

It is now some time since we lifted up our voice in lamentation over badly-prepared copy. Not that no instances have offered until now, since our last Jeremiad; but we have borne, with the best temper we could, such inflictions, and esteemed them as perhaps salutary and suited to air our patience.

We are now constrained to speak of one or two peculiarities occasionally attaching to most highly-appreciated correspondents, in the manner of preparing their manuscripts. Sometimes articles reach us written upon sundry and manifold (and many-folded) pieces of paper; the chirography being exceedingly difficult to decipher, and not infrequently necessitating transcription by ourselves or others who have plenty else to do.

Lately, we have been favored with certain specimens of manuscript *in pencil*; one, faintly done upon tissue-paper, scarcely readable, and certainly unfit to present to the most skilful compositor. Would that those who, through haste, inadvertence, or eccentric habits, perpetrate these enormities, could, for one week only, take the place of editor or type-setter! This, *at present*, is our worst wish for them.

It certainly does not follow that because some talented writers, like Sharon Turner for instance, are monomaniacal with regard to paper, and persist in writing on dirty, angular scraps picked up at random, and even on greasy hair-papers, that others, even by a distant approach to such insane manœuvres, will add any lustre to their lucubrations. *Sapientibus verbum sat!*

Health of the City.—The healthiest season of the year is now approaching, and we are not surprised to notice the low rate of mortality (68) for the last week. There were but 2 deaths from pneumonia, and 3 from scarlatina. The number of deaths during the corresponding week of last year was 56, of which 15 were from consumption, 3 from pneumonia, and 4 from scarlatina.

Books and Pamphlets Received.—Address on the Registration of Diseases. Read before the New York State Medical Society, at its Annual Meeting in Albany, on the first Wednesday in February, 1858. By Thomas C. Brinsmade, M.D., Vice President of the Society.—Prof. Martyn Paine's Essays on Vitality and Remedial Agents.—Formulary of German Official Preparations, not contained in, or differing from, Wood and Bache's Dispensatory. By F. F. Mayer, Pharmaceutist.—The Sulphate of Quinia. By A. B. Palmer, A.M., M.D.—Case of Diabetes Mellitus. Treated by Joseph Jones, A.M., M.D.—Fifteenth Annual Report of the Managers of the New York State Lunatic Asylum.—The Garden: a New Pocket Manual of Practical Horticulture. (From the publishers, Fowlers & Wells, New York.)

MARRIED,—In Worcester, Dr. Samuel Davis, of Sterling, to Mrs. Amy F. Hale, of Millbury.—In Darien, Wis., April 30th, J. L. Sutherland, M.D., of D., to Miss M. E. Gaines, of Framingham, Mass.

DIED,—At Pittsfield, 27th ult., Dr. William Coleman, 92.—In Chesterfield, 8th inst., Dr. Robert Starkweather, 92.—In Toronto, Dr. B. R. Church, M.P.P., of Mirickville, C. W.

Deaths in Boston for the week ending Saturday noon, May 15th, 68. Males, 32—Females, 36.—Accident, 2—asthma, 1—disease of the bowels, 1—inflammation of the brain, 1—disease of the brain, 1—burns, 1—consumption, 17—convulsions, 4—croup, 3—dysentery, 1—dropsy in the head, 3—drowned, 3—debility, 1—infantile diseases, 1—scarlet fever, 3—typhoid fever, 2—disease of the heart, 2—intemperance, 1—inflammation of the lungs, 2—congestion of the lungs, 1—disease of the liver, 1—marasmus, 1—measles, 1—meningitis, 1—old age, 1—pleurisy, 1—scrofula, 1—suicide, 1—teething, 1—throat, gangrene of, 1—thrush, 1—unknown, 2—whooping cough, 4.

Under 5 years, 28—between 5 and 20 years, 9—between 20 and 40 years, 11—between 40 and 60 years, 14—above 60 years, 6. Born in the United States, 44—Ireland, 17—other places, 7.

Norfolk District Medical Society.—We have received the following account of the proceedings of the Norfolk District Medical Society, accompanied by a list of officers for the current year, from Dr. Edward Jarvis, of Dorchester.

The Norkfolk District Medical Socioty held its annual meeting at Dedham, on the 12th inst., and elected as officers for the year:—*President*, Dr. Henry Bartlett, Roxbury; *Vice President*, Dr. Ebenezer Stone, Walpole; *Treasurer*, Dr. Danforth P. Wight, Dedham; *Secretary*, Dr. Edward Jarvis, Dorchester; *Commissioner on Trials*, Dr. Ebenezer Alden, Randolph; *Librarian*, Dr. David S. Fogg, South Dedham: *Committee of Supervision*, Dr. Joel Seaverns, Jamaica Plain, Dr. Orlando Brown, Wrentham. *Councillors*, Dr. Henry Bartlett, Roxbury—Dr. Benjamin E. Cotting, Roxbury—Dr. Joseph G. S. Hitchcock, Foxboro'—Dr. Christopher C. Holmes, Milton—Dr. Edward Jarvis, Dorchester—Dr. Alexander L. B. Monroe, Medway—Dr. Josiah Noyes, Needham—Dr. Stephen Salisbury, Brookline—Dr. Ebenezer Stone, Walpole. *Censors*, Dr. Simeon Tucker, Stoughton—Dr. Erasmus D. Miller, Dorchester—Dr. John S. Flint, Roxbury—Dr. Ebenezer P. Burgess, Dedham—Dr. Benjamin Mann, Roxbury.

Dr. John P. Spooner, of Dorchester, gave a very candid and instructive address "On the various methods of healing Diseases."

The Society voted to hold four meetings in each year hereafter, and have discussions on such subjects as may be previously selected. Eight members are to be appointed to prepare short papers on the subjects selected, and read them at the meetings, and general conversation to follow.

This was one of the fullest and most earnest meetings ever held by this Society, and the members manifest yearly more and more interest in these gatherings.

Bristol South Medical District Society.—The annual meeting of the above Society was held at New Bedford on the 12th inst., when the following officers were chosen for the ensuing year:—*President*, Dr. Wm. A. Gordon, of New Bedford; *Vice President*, Dr. Robert T. Davis, of Fall River; *Secretary*, Dr. C. D. Stickney, of New Bedford; *Treasurer and Librarian*, Dr. J. H. Jennings, of New Bedford; *Councillors*, Dr. Andrew Mackie, Dr. Wm. A. Gordon, of New Bedford; Dr. Foster Hooper, of Fall River; Dr. W. W. Comstock, of Middleboro'; Dr. John Pierce, of Edgartown. *Censors*, Dr. W. E. Sparrow, Mattapoisett; Dr. Geo. Atwood, of Fairhaven; Dr. Stickney, Dr. J. H. Mackie, of New Bedford; Dr. J. Dwellie, of Fall River. *Commissioner on Trials*, Dr. Foster Hooper, of Fall River. *Committee of Arrangements*, Dr. Eben T. Learned, of Fall River, Dr. J. H. Jennings, of New Bedford, Dr. Jerome Dwellie, of Fall River.

The address was delivered by Dr. John H. Mackie, of New Bedford, who took for his subject—"Quackery in the Medical Profession."

On motion of Dr. Hooper, of Fall River, a vote of thanks was tendered to Dr. Mackie from the Society, for his able and interesting discourse. The members then proceeded, after the adjournment, to the Parker House, where an excellent dinner was served up in the well-known style which has given that popular hotel so wide spread a reputation.

The next two meetings of the Society, in November and May, will be held in Fall River. The orator selected to address the next annual meeting is Dr. John Pierce, of Edgartown.

Substitute for Anæsthetics.—In the *Dental News Letter* for April, Dr. J. D. Wingate proposes essence of cloves in place of anæsthetics in operations. He administered it about twenty drops at a time in several cases, producing anæsthesia to a certain extent. On some persons it had little or no effect. Before forming an opinion, it will be necessary to have tried this article in many cases. If it should prove successful in the majority of cases, its cheapness, freeness from dangerous effects, &c., will cause it to be adopted to a great extent, and by many who have hitherto feared to use ether, &c.—*Medical and Surgical Reporter.*

A Novel Application of Chloroform.—Dr. Hans Zocher has discovered, by means of the sleep produced by chloroform, the deceit practised by a pretended mute, who attempted to quarter himself upon the cantonal hospital at Munsterlingen, during the winter under this false pretence. A full dose of chloroform betrayed his power of speech; his involuntary vociferation was of the most distinct and articulate character.—*London Lancet.*